## DPA DATE STAMP/SPB CERTIFICATION NUMBER

## CLASSIFICATION AND/OR CERTIFICATION ACTION REQUEST

STD. 625 (REV. 8-88)

## USE A SEPARATE FORM FOR EACH DIFFERENT CLASS OR LOCATION REQUESTED

1. RECUESTING DEPARTMENT	STATEMENT AND ORG		ched directly to L	original and two copies of the DPA/CCD. If certification actionally to SPB.		DOCUMENT NUMBER (Department Use)
TAU						3. LOCATION
PERMANENT   LIANTED   MONTHS   PULL TIME   MITTER   MONTER						6. EFFECTIVE DATE
PRIOR POSITION NUMBER  BELASSIFICATION ACTION REQUESTED  a. REFLIX/ACPACY (Mo change in duline or organization)  DATE VACANT  PRIOR POSITION NUMBER POSITION SINCE VACANT  VACANT  DATE VACANT  ORGANIZATION CHANGE (Machine reflo)  DATE  DATE  DATE  DATE  TELEPHONE NUMBER DATE  TELEP			MONTHS			Hours Per
NAME OF PRIOR NOLIMBENT DATE VACATED    RECLASS FROM   PRIOR POSITION NUMBER   POSITION IN NOW   VACANT	TAU	T&D	MONTHS		OTHER (E)	xplain in #10)
B. RECLASS FROM D. MERCHANDER MANUER OF PRIOR POSITION NUMBER D. MERCLASS FROM D. MERCHANDER MANUER D. MERCHANDE D. MORKLOAD CHANGE D. MEW FUNCTION D. MEW FUNCTI	9. CLASSIFICATION AC	CTION REQUESTED				
b.   Alaschmenoandom   OCCUPIED   WACANT	a. REFILL VACANCY (No o	change in duties or organization)		NAME OF PRIOR INCUMBENT		DATE VACATED
ORGANIZATION OHANGE (Attach present and proposed org. charts)  DITHER (Explain in #10)  CHANGE IN DUTIES HEADER CHANGE ONLY  ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE (Attach present and proposed organization charts.)  ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE (Attach present and proposed organization charts.)  TELEPHONE NUMBER  DATE  TELEPHONE NUMBER  DATE  TELEPHONE NUMBER  DATE  TORE PROPRIED TO DEPARTMENT DEPARTMENT ON LINE (Specily transfer) T & DEC. (Include Name and SSANI/Known)  D. ROUTE TO SPB  CERTIFY ENTIRE LIST Specily ranker runame and SSANI/  LANGUAGE  BUNGUAL  LANGUAGE  CERTIFICATION  LANGUAGE  CERTIFICATION  CASSIFICATION  DEPARTMENT ALORGINO  DEPARTMENT ALORGINO  DEPARTMENT CLASSIFICATION  DEPARTMENTALOCATION	b. (Attach memorandum			PRIOR POSITION NUMBER	. 🗀	VACANT
Altach proceed and proposed organization Charts   OTHER (Explainin#10)   CHANGE IN DUTIES   HEADER CHANGE ONLY	C. NEW POSITION	WORKLOAD CHANGE		NEW FUNCTION		
ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE (Attach present and proposed organization chants.)  10. COMMENTS AND EXPLANATIONS  11. REQUESTOR SIGNATURE AND TITLE  12. APPROVED BY (DPA)  DATE  13. ROUTING AND CERTIFICATION INSTRUCTIONS  a. ROUTE TO DEPARTMENT DEPARTMENT DEPARTMENT ON LINE (Specify transfer, 7 & Detection) Include Name and SSAN/IRnown)  b. ROUTE TO SPB  CERTIFY ENTIRELIST DOWN TO AND INCLUDING (Specify rank or name and SSAN)  SROAREEMPLOYMENT CERTIFICATION  LANGUAGE  BILINGUAL LANGUAGE  CERTIFICATION  APPROPRIATE LIST  CASSIFICATION  DEPARTMENT/LOCATION  CERTIFICATION  CERTIFICATION  CASSIFICATION  DEPARTMENT/LOCATION  DEPARTMENT/LOCATION  DEPARTMENT/LOCATION  CERTIFICATION  CASSIFICATION  DEPARTMENT/LOCATION  DEPARTMENT/LOCATION			org. charts)	OTHER (Explain in #10)		
11. REQUESTOR SIGNATURE AND TITLE  12. APPROVED BY (DPA)  13. ROUTING AND CERTIFICATION INSTRUCTIONS  14. ROUTE TO DEPARTMENT DEPARTMENT DEPARTMENT ON LINE  15. ROUTE TO SPB  16. ROUTE TO SPB  17. CERTIFY ENTIRELIST DOWN TO AND INCLUDING (Specily transfer, T.8. To atc. include Name and SSANI Known)  18. SROAREEMPLOYMENT CERTIFICATION  19. CERTIFY CHARGE  10. BILINGUAL  10. CERTIFICATION  10. CASSIFICATION  10. DEPARTMENT/LOCATION  10. DEPARTMENT/LOCATION  10. DEPARTMENT/LOCATION  10. DEPARTMENT/LOCATION  10. DEPARTMENT/LOCATION  11. REQUESTOR SIGNATURE AND TITLE  12. APPROVED BY (DPA)  13. ROUTE TO SPB  14. CERTIFICATION  15. CERTIFICATION  16. CERTIFICATION  16. CERTIFICATION  16. CERTIFICATION  17. CERTIFICATION  18. CERTIF	d. OTHER	BACKDATE OVER 60 DAYS	(Explain in #10)	CHANGE IN DUTIES	HEADER CH.	ANGEONLY
12. APPROVED BY (DPA)  DATE  13. ROUTING AND CERTIFICATION INSTRUCTIONS  a. ROUTE TO DEPARTMENT DEPARTMENT ON LINE  TOBE FILLED BY (Specify transfer, T & D etc. Include Name and SSAN if known)  D. ROUTE TO SPB  CERTIFY ENTIRE LIST DOWN TO AND INCLUDING (Specify rank or name and SSAN)  SROAIREEMPLOYMENT CERTIFICATION  BILINGUAL CERTIFICATION  CERTIFICATION DEPARTMENT/LOCATION  APPROPRIATE LIST CLASSIFICATION  OTHER (Specify)						
13. ROUTING AND CERTIFICATION INSTRUCTIONS  a. ROUTE TO DEPARTMENT DEPARTMENT ON LINE  TO BE FILLED BY (Specify transfer, T & D etc. Include Name and SSAN/If known)  b. ROUTE TO SPB  CERTIFY ENTIRELIST DOWN TO AND INCLUDING (Specify rank or name and SSAN)  SROA/REEMPLOYMENT CERTIFICATION  LANGUAGE  CERTIFICATION  CLASSIFICATION  DEPARTMENT/LOCATION  DEPARTMENT/LOCATION  OTHER (Specify)	11. REQUESTOR SIGNATURE AND	TITLE			TELEPHONE NUMBER	DATE
a. ROUTE TO DEPARTMENT DEPARTMENT ONLINE  TOBE FILLED BY (Specify transfer, T & D etc. Include Name and SSAN if known)  D. ROUTE TO SPB  CERTIFY ENTIRE LIST DOWN TO AND INCLUDING (Specify trank or name and SSAN)  SROA/REEMPLOYMENT CERTIFICATION  LANGUAGE  BILINGUAL CERTIFICATION  CLASSIFICATION  DEPARTMENT ON LINE  CLASSIFICATION  DEPARTMENT/LOCATION  DEPARTMENT/LOCATION  OTHER (Specify)	12. APPROVED BY (DPA)					DATE
DEPARTMENT DEPARTMENT MAINTAINS LIST DEPARTMENT ON LINE  TO SPECIFY TANDER.  DOWN TO AND INCLUDING (Specify rank or name and SSAN)  SROA/REEMPLOYMENT CERTIFICATION  LANGUAGE BILINGUAL CERTIFICATION  CLASSIFICATION  CLASSIFICATION  DEPARTMENT ON LINE  DEPARTMENT ON LINE  DEPARTMENT ON LINE  DEPARTMENT ON LINE (Specify rank or name and SSAN)  DOWN TO AND INCLUDING (Specify rank or name and SSAN)  DEPARTMENT ON LINE  DEPARTMENT ON LINE  TO LINE  TO LINE  CLASSIFICATION  DEPARTMENT ON LINE  DEPARTMENT ON LINE  TO L	13. ROUTING AND CERTII	FICATION INSTRUCTIONS				
CERTIFY ENTIRELIST DOWN TO AND INCLUDING (Specify rank or name and SSAN)  SROA/REEMPLOYMENT CERTIFICATION  LANGUAGE BILINGUAL CERTIFICATION  CLASSIFICATION  DEPARTMENT/LOCATION  OTHER (Specify)		TO BE FILLED BY (Specify transfer, T & D etc.		DEPARTMENT ON LINE		
SROA/REEMPLOYMENT CERTIFICATION  LANGUAGE  BILINGUAL CERTIFICATION  CLASSIFICATION  DEPARTMENT/LOCATION  OTHER (Specify)  OTHER (Specify)	b. ROUTE TO SPB					
LANGUAGE  BILINGUAL CERTIFICATION  CLASSIFICATION  DEPARTMENT/LOCATION  OTHER (Specify)	CERTIFY	ENTIRELIST			N)	
BILINGUAL CERTIFICATION  CLASSIFICATION  DEPARTMENT/LOCATION  OTHER (Specify)	SROA/REEMPLOYN					
APPROPRIATE LIST CERTIFICATION  OTHER (Specify)						
(Specify)				DEPARTMENT/LOCATION		
14. CERTIFICATION ISSUED TELEPHONE NUMBER DATE						
	14. CERTIFICATION ISSUED				TELEPHONE NUMBER	DATE